

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number

09/935,082

Filing Date

August 21, 2001

First Named Inventor

Jyothis Indirabhai

Art Unit

2617

Examiner Name

Doan, Phuoc Huu

Attorney Docket Number

15975US01

ENCLOSURES (check all that apply)☒ Fee Transmittal Form
(1 page, in duplicate)☐ Fee Attached☐ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure
Statement☐ Certified Copy of Priority
Document(s)☐ Reply to Missing Parts/
Incomplete Application☐ Reply to Missing Parts under
37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence
Address☐ Terminal Disclaimer☐ Request for Refund☐ CD Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication
to TC☐ Appeal Communication to Board
of Appeals and Interferences☒ Appeal Communication to TC
(Notice of Appeal, 1 page, in
duplicate)☐ Proprietary Information☐ Status Letter☒ Return-Receipt Postcard☐ Other Enclosure(s) (please
identify below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm

McAndrews Held & Malloy, Ltd.

Signature

/Michael T. Cruz/

Printed Name

Michael T. Cruz, Reg. No. 44,636

Date

May 28, 2009

CERTIFICATE OF MAILINGI hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 28, 2009

Name (Print/type)

Michael T. Cruz

Registration No. (Attorney/Agent)

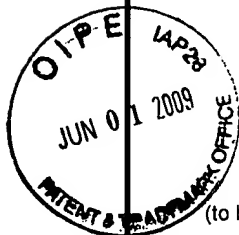
44,636

Signature

/Michael T. Cruz/

Date

May 28, 2009



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<p><i>Effective on 12/08/2004</i> Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2009</h3>		<p>Complete if Known</p>					
		Application Number	09/935,082				
		Filing Date	August 21, 2001				
		First Named Inventor	Jyothis Indirabhai				
		Examiner Name	Doan, Phuoc Huu				
		Art Unit	2617				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	15975US01				
TOTAL AMOUNT OF PAYMENT (\$) 670							
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy							
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
							Small Entity
							Fee (\$)
							Fee (\$)
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							210 105
Multiple dependent claims							370 185
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
-20 or HP		x	=				
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
-3 or HP		x	=				
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
-100	/50	(round up to a whole number)		x	=		
4. OTHER FEE(S)							Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							_____
Other (e.g., late filing surcharge): Notice of Appeal (\$540)							\$540
SUBMITTED BY							
Signature	/Michael T. Cruz/			Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8000
Name (print/type)	Michael T. Cruz			Date	May 28, 2009		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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		Art Unit	2617				
		Attorney Docket No.	15975US01				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUNT OF PAYMENT		(\$)	670				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17							
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Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
							Small Entity
							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							210
Multiple dependent claims							370
							185
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
-20 or HP		x		=		_____	
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
-3 or HP		x		=		_____	
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Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
-100		/50		(round up to a whole number)		x _____ = _____	
							Fee Paid (\$)
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							_____
Other (e.g., late filing surcharge): <u>Notice of Appeal (\$540)</u>							\$540
SUBMITTED BY							
Signature	/Michael T. Cruz/			Registration No.	44,636		Telephone
				(Attorney/Agent)			(312) 775-8000
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